WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20614

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: K. C. Mo. (No. 4113 Oak St. St. Ward)

File No.:

Registered No.: 1

2. FULL NAME Raymond Lawrence Jones

(a) Residence. No. 4113 Oak St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Boy

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 2, 1928

7. AGE: Years | Months | Days X | If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Raymond E. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Kansas

12. MAIDEN NAME OF MOTHER: Jennie E. Hinds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lebanon
(STATE OR COUNTRY): Mo.

14. INFORMANT: Raymond E. Jones
(Address): 4113 Oak St

15. FILED: 6/8, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1928 to June 3, 1928, that I last saw h. alive on June 2, 1928 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fatty Degeneration of Heart
Premature Birth
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Premature Birth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. Field M. D.
6/4, 1928 (Address) 3 Ga. Ave

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grantville, Kans — DATE OF BURIAL: June 8 1928

20. UNDERTAKER: Frank Connell — ADDRESS: Topeka Kans